

Allen County PLAN OF SAFE CARE (POSC) Patient

Patient Information:

Current Date: _____

Name: _____

Address: _____

Phone: _____

A Plan of Safe Care (POSC), established by the Comprehensive Addiction and Recovery Act (CARA), and signed into law on July 22, 2016. A POSC describes the services and supports needed to address the needs of infants prenatally exposed to the abuse of substances (legal and illegal) and their families. The POSC must address the immediate safety, health, and developmental needs of the affected infant, and also include the health and substance use disorder treatment needs of the affected parents or caregivers. It is best practice that the POSC be developed prior to birth with input from the parents and caregivers, and in collaboration with the health-care professionals and agencies serving the affected infant and family.

The following information needs to be available from Team Lead Agency when presenting for delivery:

- Demographics (address/next of kin/etc.)
- Insurance Provider and Case Manager (if assigned)
- Toxicology Reports (mother and infant)
- Substance use current and history
- Home or Environmental needs/changes
- General or Medical Concerns such as new diagnosis for both medical and clinical
- Other: _____

Please send above new results or changes to those who are on patient's Care Team once appropriate ROI has been completed.

Pre-natal Care Team:

Medical Treatment Provider (SUD): _____ Contact: _____

Clinical Treatment Provider (Counseling/other): _____ Contact: _____

OBGYN: _____ Contact: _____

Hospital for Delivery: _____ Contact: _____

PCP: _____ Contact: _____

Pediatrician to Follow: _____ Contact: _____

Other: _____

Primary Diagnosis Codes MEDICAL TEAM (ICD – 10) and Treatment Plan:

Primary Diagnosis Codes CLINICAL TEAM (ICD-10) and Treatment Plan:

Treatment Notes/Updates:

POST DELIVERY:

Location of Delivery: _____

Date of Birth: _____ Weeks: _____ Sex: _____

Weight: _____ Length: _____ APGARs: _____

INFANT Primary Diagnosis Codes and Notes MEDICAL TEAM (ICD – 10): Include Withdrawal Symptoms

INFANT Toxicology: _____

MOTHER Toxicology: _____

Post Delivery Care Team:

Pediatrician: _____ Date of Appointment: _____

PCP to follow: _____

Early Intervention: _____ Date for Assessment: _____

Home Visiting Provider: _____ Date of 1st Visit: _____

Treatment Provider (SUD): _____ Date of Appointment: _____

Treatment Provider (Counseling/other): _____

Insurance Care Manager: _____

Hospital Report on Mother/Child Bonding: (NA- not applicable, 1- major concern, 2- some concern, 3-meets expectation, 4- exceeds expectations)

Involvement with care: 1 2 3 4

Notes: _____

Family Support/Living Arrangements: 1 2 3 4

Notes (include names/roles of those living in home and any SUD concerns or safety of infant)

In home support: _____

Names of those in home with SUD concerns: _____

Father Involvement: NA 1 2 3 4

Notes (name of father, if provided): _____

Fax to Allen County Children Services at 419-227-4009

Mandated Reporter Signature when faxed: _____ Date _____